

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000014274

1. Entity Name

SUN MERCHANT GROUP INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3038 N Federal Hwy

Suite, Apt. #, etc.

B

3. Mailing Address

3038 N Federal Hwy

Suite, Apt. #, etc.

Suite B

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33306

Country

US

Zip

33306

Country

US

4. FEI Number

65-0386177

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Steven Hirsch

Street Address (P.O. Box Number is Not Acceptable)

3038 N Federal Hwy Suite B

City

Fort Lauderdale

FL

Zip Code
33306

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Steven Hirsch

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

4/5/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1; Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President, CST
Steven Hirsch
3038 N Federal Hwy Suite B
Fort Lauderdale FL 33306

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02 454561 8016
Date Daytime Phone #

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**